

**eHealth Ontario**  
*It's working for you.*

HEALTH POLICY AND  
THE ELECTRONIC HEALTH RECORD  
EHEALTH ONTARIO'S EXPERIENCE  
IMPLEMENTING AN EHR.

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# An Introduction to Ontario's eHR.

ConnectingGTA program is delivering a regional electronic health record system for central Ontario that will scale to serve as Ontario's Electronic Health record in 2015/2016.

This seamless and secure system provides access to a majority of acute and community care data to improve the timeliness of care decisions, reduce duplicate tests and procedures and better support care transition points. The program implementing across Ontario and will pave the way for future health system improvements and innovation.

- Connecting Ontario, when fully implemented, will benefit clinicians and care providers at more than 750 health care organizations, representing the following sectors:
- Acute care
- Community support services
- Complex continuing care
- Long-term care
- Mental health and addictions
- Primary care
- Rehabilitation

# The opportunity

## Population Health Management

- Healthcare spend globally has been increasing as a proportion of GDP and the outlook is for further upward pressure due to ageing population and the increased incidence of chronic illness.
- Focus in care delivery is shifting from a fee for service model to proactively managing the health of a population to achieve the
- Goals : improve health outcomes
  - improve healthcare quality
  - lower healthcare costs
  - Population Health Management moves the focus of healthcare from being responsive to being holistic, proactive and patient-centric what policy supports will enable and govern this.
  - It is recognized that a move to PHM requires a high degree of information sharing between care providers, patients and their caregivers. But critically, it requires extracting and aggregating all the information about an individual, to provide a comprehensive patient health record. What are the policy implications of this

# The Opportunity

## Supporting a transition in care settings.

- eHRs like cGTA support transitions between care settings to support the government's direction to increase home and community care.
- Key indicators help determine the optimal community based supports for higher risk patients – policy needs to support this.
- The ability to track outcomes and adapting our approach according to successes and lessons learned needs policy support.

# Security and Privacy Policy

- As we operationalize PHIPA – what policies specifically govern the monitoring of e HR use and access as a “prescribed organization” as we comply with, particularly in regards to collecting and sharing EHR data;
- The process for consent directives – known in some cases as the “lockbox” request or opt-out, where patients may refuse to share their personal health information (PHI) – and the limits of consent directives (i.e. where third parties may be at risk of bodily harm);
- An advisory committee be set up by the Minister of Health to provide EHR recommendations and guidance;
- A requirement whereby the Minister of Health must take all direction intended for prescribed organizations to the advisory committee and Information and Privacy Commissioner before directing any prescribed organization; and
- Tracking and reporting to support an Increased breach of privacy fines policy up to \$100,000 for a convicted individual and \$500,000 for a convicted organization.
- private corporations and the data they collect of us through information technology are one of the most important concerns for our privacy – do we need legislation that defines ownership of all Health data?
- Mobility requirements for clinicians